

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10-649-202
APPLICANT(S) _____

FILED DATE 08-27-03

8-16-04							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1					51				
2		1		1				52				
3		2		2				53				
4		2		2				54				
5		2		2				55				
6		2		2				56				
7		2		2				57				
8		2		2				58				
9		2		2				59				
10		2		2				60				
11		2		2				61				
12		2		2				62				
13		2		2				63				
14		2		2				64				
15		2		2				65				
16		2		2				66				
17		2		2				67				
18		2		2				68				
19		2		2				69				
20		2		2				70				
21		2		2				71				
22		2		2				72				
23		1		1				73				
24		1		1				74				
25		1		1				75				
26		1		1				76				
27		1		1				77				
28		1		1				78				
29		1		1				79				
30		1		1				80				
31		1		1				81				
32		1		1				82				
33		1		1				83				
34		2		2				84				
35		1						85				
36		1						86				
37		1		1				87				
38								88				
39								89				
40								90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	1		1					TOTAL IND.				
TOTAL DEP.			35					TOTAL DEP.				
TOTAL CLAIMS			36					TOTAL CLAIMS				